

NAVAL STATION GREAT LAKES
TRANSITION GPS ADDITIONAL WORKSHOPS REGISTRATION FORM

<http://go.usa.gov/bB89>

1. Class name and date requested: _____ (verify w/current schedule)

2. Name/Rank (Navy Rate)/Pay Grade: _____

3. BRANCH OF MILITARY: _____

4. SEPARATION/RETIREMENT DATE (EAOS): _____

5. COMMAND NAME: _____

6. PHONE # of **ATTENDEE**: _____

7. EMAIL of **ATTENDEE**: _____

8. Completed Transition GPS 5-day workshop? YES _____ NO _____

Will Spouse attend? YES _____ NO _____ NAME _____

Bring your laptop computer if you have one. If you need to cancel please call and cancel ASAP.

***MEMBER SIGNATURE (REQUIRED):** _____

9. Command career counselor information or equivalent (**REQUIRED**):

NAME (PRINT): _____

PHONE and FAX: _____

EMAIL (**REQUIRED**): _____

SIGNATURE (**REQUIRED**): _____

Confirmation will be sent via email.

Please fax or mail registration form *and* DD2648 to:

FAX: (847) 688-2827 or

Scan forms and email to colleen.sinewav@navy.mil

TAMP

525 Farragut Avenue

Building 26, Suite 300

Great Lakes, IL 60088

FAX: (847) 688-2827

DSN: 792-3603 / (847) 688-3603 ext 147

Copy to: Service member